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| EMERGENCY INFORMATION: | |
| Contact: | _____ |
| Relationship: | _____ |
| Phone: | _____ |

Membership Application

Date _____

Primary Contact Information (Family Equestrian Members - Please list additional family members on the back.)

Name _____ Date of Birth _____

Street _____ City _____ State _____ Zip _____

Telephone _____ *Email _____

**Email address is required. Notification of all events and immediate concerns regarding the trails will be communicated via email.*

Stable/Business Name (Professional Equestrian Members only): _____

Street _____ City _____ State _____ Zip _____

Membership Information (please check applicable boxes)

- New Membership Membership Renewal

Membership Type

- Base Membership (\$35) Donation only

Equestrian Membership (base membership required)

- Adult Equestrian (\$150 or 15 volunteer hours) Family Equestrian (\$200 or 20 volunteer hours)
 Youth Equestrian (\$100 or 10 volunteer hours) Professional Equestrian* (\$150 or 15 volunteer hours)

Proof of Membership Please indicate how many of each you need.

- _____ Trailer Parking Permit (all trailers parked on property on non-event days must have a permit)
 _____ Rider armband (all riders on LTA trails must wear armband)
 _____ Member ID on lanyard

Current proof of membership will be mailed to address listed above upon receipt of dues payment.

Please notify me of LTA Volunteer Opportunities

*Professional Equestrian membership is for trainers who wish to bring their students to use the LTA trails for schooling purposes. Professional Equestrian

Members must have the appropriate proof of insurance naming the Lyme Trail Association and the Davison Family as additional insureds. Students need to either be members of the LTA or to pay the \$25 Day Visitor fee. Email info@lymetrailassociation.org for further information.

Membership Application Checklist

I have enclosed the following documents:

- Membership Application
- Signed** Release of Liability Form
- Proof of negative coggins test (Equestrian members only)
- Proof of rabies vaccination (Equestrian members only)

I have enclosed the following payments:

- \$ **35** Base membership fee
- + \$ _____ Equestrian Membership fee
- + \$ _____ Donation for the maintenance and expansion of trail system
- = \$ _____ **Total** *Please make checks payable to Lyme Trail Association.

I would like to contribute the remainder of the membership fee in volunteer hours and **I/my family commit(s) to a minimum of _____ volunteer hours** this year (please refer hour requirements above.)

Signature _____ Date _____

Parent Signature (if under 18) _____ Date _____

Mail all documents & payments to: Lyme Trail Association, 95 Cove Road, Lyme CT 06371

OFFICIAL USE ONLY

| | | |
|-----------------------|--|--|
| Entry Fees | | |
| Coggins/Rabies | | |
| Liability | | |

Family Equestrian Members – Please list additional family members below.**Additional Family Member Contact Information** (Primary Email will be used for communication.)

Name _____
Street _____ City _____ State _____ Zip _____
Telephone _____ Date of Birth _____

Additional Family Member Contact Information (Primary Email will be used for communication.)

Name _____
Street _____ City _____ State _____ Zip _____
Telephone _____ Date of Birth _____

Additional Family Member Contact Information (Primary Email will be used for communication.)

Name _____
Street _____ City _____ State _____ Zip _____
Telephone _____ Date of Birth _____